

HEALTH & WELFARE

C. L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

October 2, 2009

Susan Broetje Idaho State School And Hospital 1660 Eleventh Avenue North Nampa, Idaho 83687

Provider #13G001

Dear Ms. Broetje:

On **September 30, 2009**, a complaint survey was conducted at Idaho State School And Hospital. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00004322

Allegation #1: Individuals are not adequately supervised.

Finding:

An unannounced on site complaint survey was conducted from 9/28/09 - 9/30/09. During that time, observations, review of investigations and Team Investigation and Action Plans, record review, and staff and client interviews were conducted with the following results:

Team Investigation and Action Plans and formal investigations, including those that were in process, were reviewed from 7/30/09 - 9/28/09. Of the 19 formal investigations and 43 Team Investigation and Action Plans reviewed, none identified a lack of staff supervision.

Observations were conducted throughout the course of the survey for a cumulative 8 hours and 58 minutes. During that time, individuals were noted to be adequately supervised in accordance with their Person Centered Plans (PCPs).

Susan Broetje October 2, 2009 Page 2 of 3

Twenty three direct care staff were interviewed during the course of the survey. All staff were able to identify supervision levels for the individuals to whom they were assigned, and expressed no concerns with staffing levels.

Nine professional staff were also interviewed during the course of the survey. All stated they had no concerns with regards to staffing levels or supervision of individuals.

Ten individuals were selected for review. All were observed to have the level of supervision identified in their PCPs. Six of the 10 individuals were interviewed and expressed no concerns with staff supervision. An additional 8 individuals residing at the facility were interviewed and expressed no concerns with staff supervision.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #2: Investigations are not thorough.

Finding: An unannounced on site complaint survey was conducted from 9/28/09 - 9/30/09. During that time, investigations and Team Investigation and Action Plans were reviewed with the following results:

Team Investigation and Action Plans and formal investigations, including those that were in process, were reviewed from 7/30/09 - 9/28/09. Of the 19 formal investigations and 43 Team Investigation and Action Plans reviewed, all contained necessary information relevant to the incidents and contained sufficient evidence of a thorough investigation process.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #3: Corrective action identified in investigations is not appropriate.

Finding: An unannounced on site complaint survey was conducted from 9/28/09 - 9/30/09. During that time, observation, and review of investigations and Team Investigation and Action Plans were conducted with the following results:

Team Investigation and Action Plans and formal investigations, including those that were in process, were reviewed from 7/30/09 - 9/28/09. Of the 19 formal investigations and 43 Team Investigation and Action Plans reviewed, all contained evidence of appropriate corrective action for the issues identified in the investigations.

Susan Broetje October 2, 2009 Page 3 of 3

Additionally, observations were conducted throughout the course of the survey for a cumulative 8 hours and 58 minutes. During that time, corrective action identified in the investigations was noted to be implemented.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #4: Information pertinent to individuals' treatment is not provided.

Finding: An unannounced on site complaint survey was conducted from 9/28/09 - 9/30/09. During that time, investigations, Team Investigation and Action Plans, and individuals' records were reviewed with the following results:

Team Investigation and Action Plans and formal investigations, including those that were in process, were reviewed from 7/30/09 - 9/28/09. Those documents contained evidence that pertinent information related to individuals' treatment was provided by the facility at the time service was sought.

Ten individuals were selected for review. Those individuals' records documented sufficient and appropriate information was provide to professionals, both on and off campus.

Additionally, two of the 10 individuals' records showed they required off campus medical consultation and treatment. Both individuals' records documented sufficient information was provided by the facility at the time of the service. Further, one individual's record from an off campus medical provider was reviewed. The record documented the facility's physician provided information to the off campus medical provider at the time service was sought.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

As none of the complaints were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely

MATT HAUSER Health Facility Surveyor Non-Long Term Care NICOLE WISENOR Co-Supervisor Non-Long Term Care

MH/mlw